

**June 22, 2021
Meeting Packet**

Meeting Agenda

**Community Benefits Advisory Committee (CBAC)
Beth Israel Deaconess Medical Center (BIDMC)
Tuesday, June 22, 2021
5:00 PM – 7:00 PM
RSVP to request Zoom link**

I. 5:00 pm – 5:05 pm	Welcome and Introductions
II. 5:05 pm – 5:20 pm	Public Comment
III. 5:20 pm – 5:50 pm	Community-based Health Initiative Updates
IV. 5:50 pm – 6:25 pm	Community Health Needs Assessment
V. 6:25 pm – 6:40 pm	BILH Evaluation Capacity Building
VI. 6:40 pm – 6:55 pm	BILH Updates
VII. 6:55 pm – 7:00 pm	Next Steps and Adjourn

Next Meeting: September 28, 2021

Meeting Slides

BIDMC Community Benefits Advisory Committee Meeting

June 22, 2021



Beth Israel Lahey Health

Housekeeping

- Please join the meeting using video
- If you lose your connection, please call in
 - Phone number: 1-301-715-8592, meeting ID: 988 1806 9401
- Please use the chat function for requests to be unmuted, to ask questions, or to make comments
- Our Zoom moderator is Anna



Welcome and Introductions



Content

- Welcome and Introductions
- Public Comment
- Community-based Health Initiative Updates
- FY 22 Community Health Needs Assessment and Implementation Strategy
- BILH Updates
- Next Steps and Adjourn

Welcome New CBAC Members!



Melody Route-Satchell
Practice Manager, BIDMC



Alexandra Chery Dorrelus
Director of Programs and Training
Louis D. Brown Peace Institute



Public Comment



Community-based Health Initiative (CHI) Update: Housing Investment

Innovative Stable Housing Initiative (ISHI)

Overview

Founded in September 2017, ISHI is a pilot project funded by Boston Medical Center, Boston Children's Hospital, and Brigham and Women's Hospital as part of the MA Department of Public Health's Determination of Need

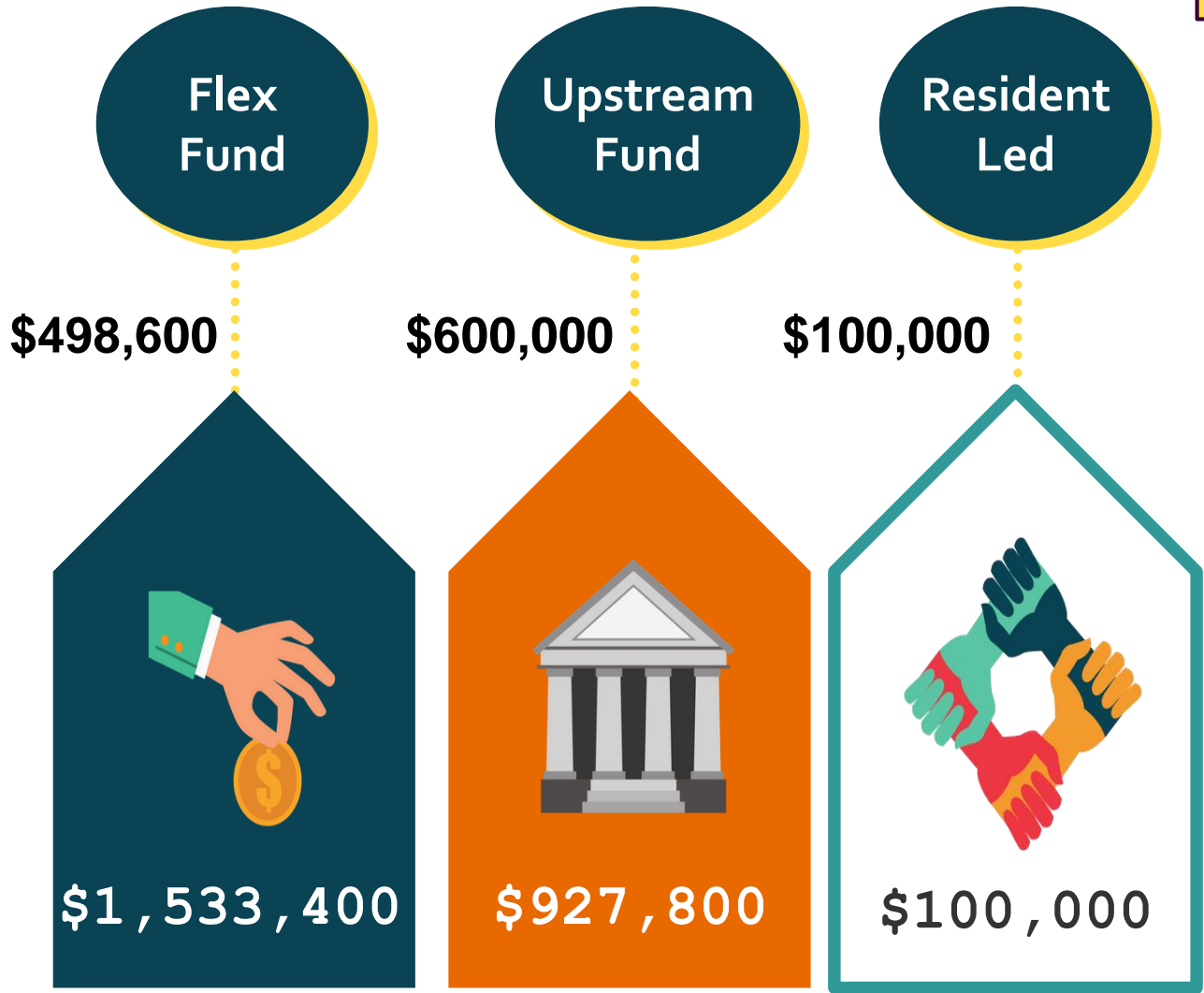
Housing funding streams:

1. **Flex Fund:** Emergency support services and quick access to resources for individuals and families to maintain or attain stable housing
2. **Upstream Fund:** Support policy and systems change efforts that address stable housing
3. **Resident-Led Fund:** Support a separate democratized process, where community has all decision-making power



Grantmaking

Since 2017 ISHI
has invested
\$1,198,600



- Boston Medical Center=**\$1.2M***
- Boston Children's Hospital=**\$1M***
- Brigham & Women's=**\$750K***

*includes administrative costs

Innovative Stable Housing Initiative (ISHI)

Flex Fund Outcomes

Short Term Outcomes*	Total
Found New Tenancy	17%
Preserved Tenancy	63%
Issued New Housing Voucher	1%
Preserved Housing Voucher	5%
Other (open ended)**	14%

- 70% Households (HHs) with children (priority population)
- About 60% HHs that had experienced violence (priority population)

*Pre-defined reporting options as of March 31, 2021

**14% primarily reflects Q2 City Life Vida Urbana (CLVU) working through tenant councils to support housing unstable residents experiencing isolation

Housing stability funding landscape has changed

Upstream Fund:

- Having initial impact
- Continue with planned Upstream Fund investment (\$250,000)

Flex Fund:

- Flex Fund focus is being revamped **with up to 40% for admin costs**
- One-third of dollars awarded and no-cost extensions requested
- Consider pivot for planned Flex Fund investment (\$750,000)
 - Healthy Neighborhood Equity Fund (or similar)
 - Targeted housing investment
 - Offer additional housing funds for the NIB CHI 2023 RFP

Community-based Health Initiative Housing Investment

Investment Type	Upstream Impact	Ability to leverage additional resources	BIDMC CBSA alignment	BIDMC Allocation oversight
Innovative Stable Housing Initiative (ISHI)				
Healthy Neighborhood Equity Fund				
NIB CHI Direct Grant				
Targeted Investment (e.g. LISC)				





Community-based Health Initiative (CHI) Update: Healthy Neighborhoods Initiative

Healthy Neighborhoods Initiative

Healthy Bowdoin Geneva



Bowdoin Geneva Main Streets
Bowdoin Street Health Center
Cape Verdean Association of Boston
Catholic Charities Teen Center at Saint Peter's
Dorchester CARES Coalition
Dorchester Catholic Parishes
Dorchester Food Co-Op
Family Nurturing Center
Friends of Geneva Cliffs
Friends of Ronan Park
Greater Bowdoin Geneva Neighborhood Association
Meetinghouse Hill Civic Association
UP Academy Dorchester School

"Everyone at Healthy Bowdoin Geneva is excited for an opportunity to advance health and racial equity in the neighborhood. We love this community and can't wait to get to work." - Tara Register, Dorchester CARES

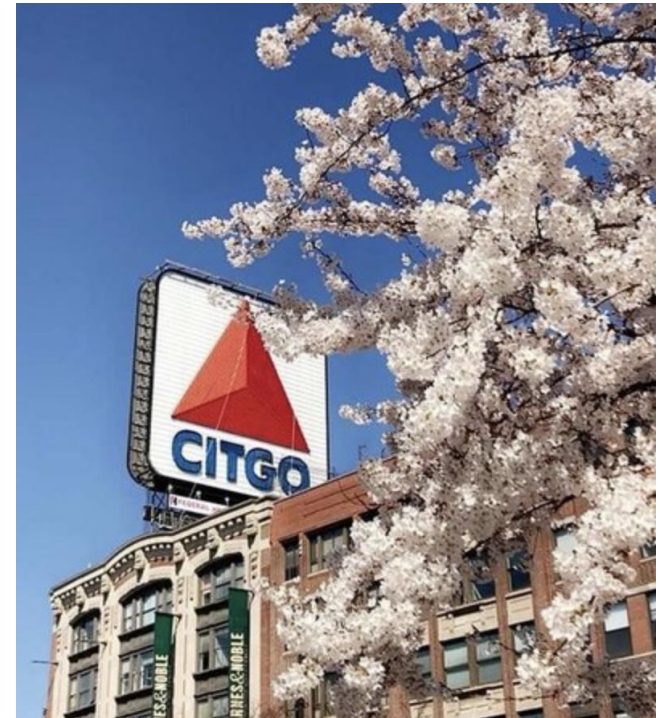
Healthy Neighborhoods Initiative

We're Here for You: Fenway/Kenmore



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Audubon Circle Neighborhood Association
Fair Foods
Fenway Alliance
Fenway Community Development Corporation
Fenway Civic Association
Fenway Community Center
Fenway Health
HallKeen Management
Northeastern University
Operation P.E.A.C.E.
Tasty Burger
Wentworth Institute of Technology



"Through our project, we hope to help community residents in the Fenway and Kenmore live healthier and happier by having access to healthcare resources, housing, food, employment, and financial stability services."

Healthy Neighborhoods Initiative

Upcoming Milestones

-
- Collectives will begin community engagement activities in June and July
 - Required to hold a minimum of three community meetings that are open to the public
 - Collectives will develop a project and evaluation plan over the summer using information gathered during community engagement activities
 - Collectives start their projects as early as September 2021



CHI Evaluation Overview

Community-based Health Initiative

CBAC Key Highlights

- 100% of members strongly agreed/agreed that having CBAC meetings open to the public increased transparency
- 100% of members strongly agreed/agreed that the NIB CHI funding opportunity responded to the community needs in light of COVID-19
- 93.3% of respondents strongly agreed/agreed that they were satisfied with BIDMC's outreach to:
 - Organizations serving priority populations and/or priority neighborhoods
 - Disseminate the RFP
- A few members expressed drawbacks of virtual meetings

Community-based Health Initiative

CBAC Planned Improvements

General

- Additional tailored, intentional, onboarding for new members
- Available for individual check-ins with CBAC and Allocation Committee members (as needed)
- Review Charter annually

CBAC

- Enhance participation in CBAC meetings held virtually through:
 - Use of breakout groups, instant polling, interactive sticky notes
 - Emailing discussion questions prior to the meeting

Community-based Health Initiative

Allocation Committee Strengths and Opportunities for Improvement

Strengths

- Effectively facilitated by BIDMC staff
- Environment was supportive, inclusive, and engaging
- RFP design process was thoughtful and comprehensive
- Submittable platform was useful to review and score proposals
- More than one reviewer assigned to each proposal was helpful
- Diverse perspectives and input

Opportunities for Improvement

- Greater engagement/clarity on the Letter of Intent (LOI) process
- More dialogue and encouragement when disagreements arise
- Capacity building for newer/less experienced members
- Provide a simplified summary of org/program budget strengths/concerns
- Improve alignment of RFP questions and scoring criteria



Allocation Committee

- Explore different options for member participation in the Letter of Intent review process
- Provide short proposal summaries further in advance of discussions
- Increase time between proposal due date and grantee notification date
- Allow sufficient time for healthy discussion and voicing other viewpoints
- Improve scoring criteria and review process:
 - Align RFP questions and the scoring criteria/guide
 - Consider alternatives for evaluating financial solvency and program budgets



CT Scanner DoN Update

CT Scanner DoN

Update

-
- BIDMC currently has 3 CT Scanners – all are at capacity
 - No back up capabilities if a scanner goes down at one location
 - Can't assist with overflow patients and long wait times
 - The total value of the new CT Scanner project is \$4,795,388
 - BIDMC filed with the Massachusetts Department of Public Health on May 10th
 - The total CHI amount is \$239,769.40
 - Funds will be added to current CHI priorities



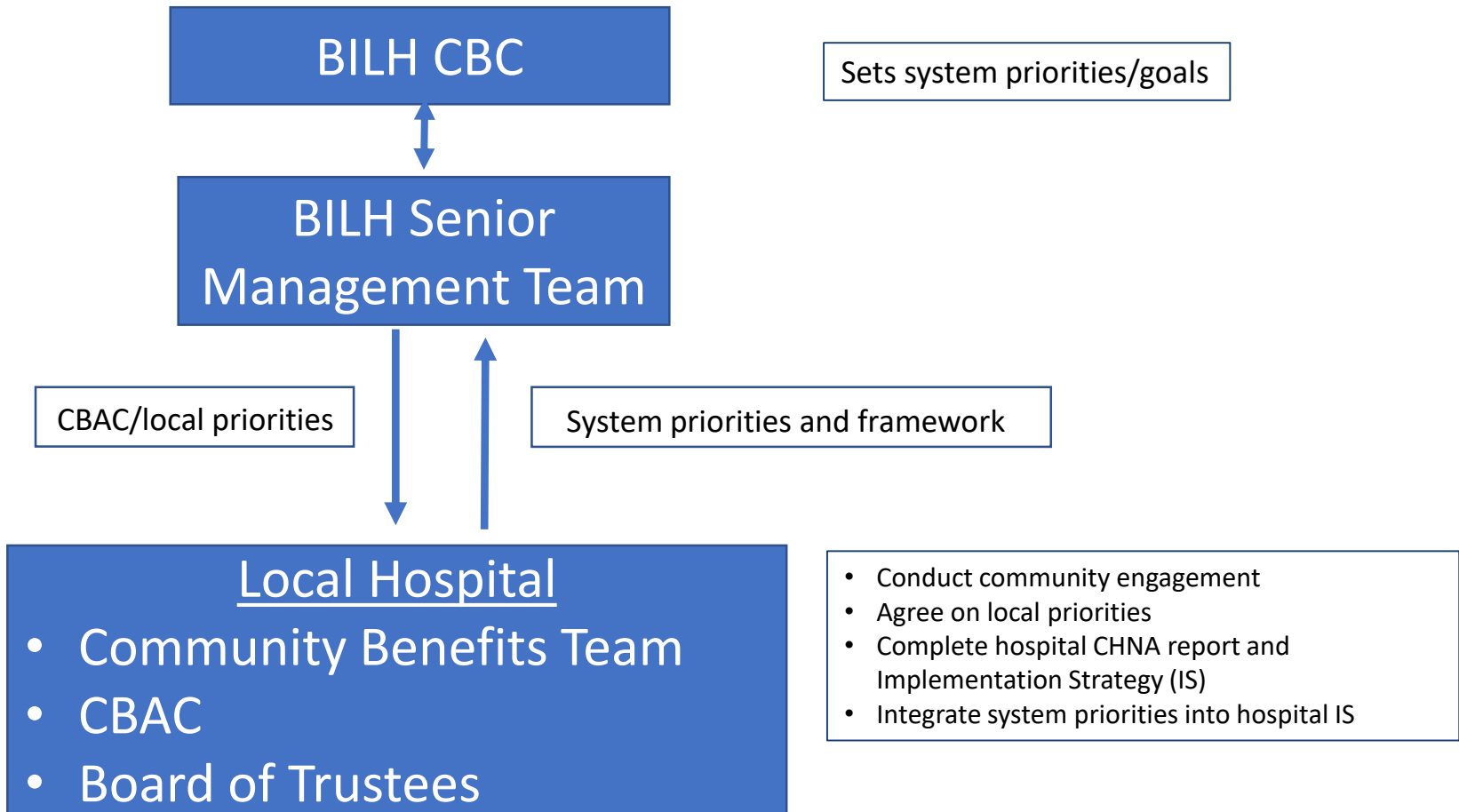
FY 22 Community Health Needs Assessment (CHNA) and Implementation Strategy (IS)

FY 22 Community Health Needs Assessment

Key Strategy

-
- **Community Engagement:**
 - Use strategies that are respectful and understand COVID's disproportionate impact
 - **Equity:**
 - Apply a racial equity lens and use an asset-based approach
 - **Data:**
 - Focus data collection to identify emerging themes recognizing that pre-pandemic data may not reflect the current state
 - **Prioritization:**
 - Emphasize the prioritization process
 - **System Alignment:**
 - Align shared priorities across BILH to achieve greater impact

FY 22 Community Health Needs Assessment BILH Planning Process and Flow



FY 22 Community Health Needs Assessment Timeline and Process



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Timeframe	Activities/Milestones & CBAC and CBC Involvement
July-Sept. 2021	<ul style="list-style-type: none"> • Activities: Secondary data review and design primary data collection tools • CBAC and CBC: Detailed review of process, timeline, role, etc.
Oct.-Dec. 2021	<ul style="list-style-type: none"> • Activities: Primary data collection and community engagement • CBAC: Present and discuss preliminary data findings and emerging themes, begin prioritization process
Jan.-April 2022	<ul style="list-style-type: none"> • Activities: Continue engaging local communities and hospitals on prioritization • CBC: Discuss themes and primary / secondary data results; solicit ideas • CBAC: Continue prioritization, discuss incorporating emerging system priorities
May-June 2022	<ul style="list-style-type: none"> • Milestone: Finalize hospital CHNA reports • CBAC: Review and discuss final hospital priorities
July-Oct. 2022	<ul style="list-style-type: none"> • Milestone: Finalize hospital and system Implementation Strategies (IS) • CBAC: Review and approval of the CHNA and adoption of the IS • CBC: Reviews and approves final system IS

FY 22 Community Health Needs Assessment

Community Engagement Plans

- Encourage transparent and engaged prioritization process to identify and include evidence-based/informed strategies to foster health and racial equity
- Move toward higher levels of community engagement on the Massachusetts Department of Public Health's Community Engagement Continuum
- Engage individuals/populations historically not reached during similar processes

FY 22 Community Health Needs Assessment Community Engagement Discussion

Focus Populations

- Cohorts most impacted by COVID
- Racially and ethnically diverse/non-English speakers
- People impacted by violence and incarceration
- Youth
- Older adults
- LGBTQ+ population
- Low-income adults and families
- Others?

With which CBOs, community champions, etc. should we connect to ensure we engage hardly reached populations?




With which community members or organizations can you connect to support our efforts to engage hardly reached communities?



- **Engage Community Champions** trusted members of hardly reached communities who act as liaisons to reach residents
- **Involve community-based organizations (CBOs) during community engagement planning** to reduce fatigue among community members and build trust
- **Identify locations where people congregate and/or receive information** to engage communities most impacted by COVID-19
- **Acknowledge diversity of backgrounds and lived experiences (intersectionality) of community members** during all interactions

What other tools and/or methods of engagement / assessment should we use to engage residents?

FY 22 Community Health Needs Assessment Regional Collaborations

 <p>Boston CHNA-CHIP Collaborative (B3C)</p>	<p>All Boston Neighborhoods</p>
 <p>North Suffolk Public Health Collaborative <small>an initiative of the communities of Revere, Chelsea and Winthrop</small></p>	<p>Chelsea, Revere and Winthrop</p>
 <p>Beth Israel Lahey Health</p>	<p>Community Benefits Service Areas</p>

FY 22 Community Health Needs Assessment

Primary Data Collection



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- **Community Survey**
 - Multiple languages
 - Capture needs *and* priorities
- **Focus Groups** (3/hospital)
 - Focus on hardly reached populations
 - Aiming for in-person
- **Key Informant Interviews** (20/hospital)
 - Up to 20 per hospital
- **Community Listening Sessions** (2/hospital)
 - In-person
 - Input and prioritization

Themes

- **Health Equity**
- **Community Strengths**
- **Social Determinants of Health**
- **COVID recovery**
- ***What else?***



BILH Updates

New Chief Diversity, Equity and Inclusion Officer

CDEIO



Juan Fernando
Lopera, CDEIO, BILH

- Welcomed to the BILH family on June 14th!
 - Previously served as VP and Corporate Business Diversity Officer at Tufts Health Plan and Harvard Pilgrim Health Care
 - Co-chaired the Anti-Racism Leadership Task Force
 - Vice-Chair of the Board of The Dimock Center
 - Co-Chair of The Boston Foundation's Latino Equity Fund
 - Graduate of Boston College's School of Management
 - Born in Medellín, Colombia

BILH Gateway Municipality Investment Awards made in Brockton

Housing Stability

Rodeway Inn (\$130,000)

- Capital improvements to convert Rodeway Inn to 69 units to provide permanent housing for hard-to-house, chronically homeless individuals

Eviction Prevention (\$150,000)

- Emergency fund to prevent evictions or homelessness for residents



BILH Gateway Municipality Investment Awards made in Brockton

Food Security

MyMarket Database (\$90,000)

- “Intake Database” for use by Brockton Area Hunger Network
 - Enables data collection and trending to better understand Brockton resident’s food insecurity

Freight Farm (\$115,000)

- Purchased a Greenery™ hydroponic farm housed inside a freight container that will grow fresh produce for residents and pantries





Intentions for Evaluation Workshops

Increase evaluation capacity among Community Benefit programs and funded organizations to evaluate and report their impact.

- Increase program planning, improvement, and demonstrated outcomes
- Develop evaluation and measurement plans.
- Move toward supporting evidence-based/evidence-informed initiatives in the FY23-25 Implementation Strategy.

“Where possible, offer low-cost (or better yet, free) capacity-building services. Many nonprofits serving racial and ethnic minority populations, for instance, are subject to the same systemic biases as the populations they serve, resulting in inequities in funding, opportunities, and resources for capacity building.”

Cindy Crusto, Promoting Equity Through Evaluation Capacity Building.



Evaluation Workshops

Evaluation 101 & SMART Goals

May 17, 2021, 2-3pm

Logic Models

June 21, 2021, 2-3pm

Selecting Measures and Measurement Tools

July 26, 2021 2-3pm

Program Monitoring & Improvement

September 27, 2021, 2-3pm





Next Steps



Next Steps

- Those who have not yet completed the annual Conflict of Interest disclosure form will receive a reminder email
- Future meetings:
 - September 28, 2021
 - December 14, 2021
 - March 22, 2022
 - May 24, 2022
 - July 26, 2022
 - September 20, 2022
 - December 13, 2022



Appendix

FY 22 Community Health Needs Assessment

Community Engagement Strategies



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Community Engagement Level	FY 22 Community Engagement Strategies with Additional Methods (written in blue)
Inform	<ul style="list-style-type: none"> Website development Website updates
Consult	<ul style="list-style-type: none"> Key Informant Interviews (KII) Focus Groups Community Meetings Surveys Ask CBOs who they view as leaders in the community Identify additional and/or new trusted organizations within the community Identify any new resources through community mapping
Involve	<ul style="list-style-type: none"> Residents participated in a prioritization process during community meetings Analyzed quantitative and qualitative data in partnership with Boston CHNA-CHIP Collaborative Focus groups participants were asked about community needs and assets Utilize hospital Patient and Family Advisory Committee (PFAC) to bridge hospital and community work Use de-identified Electronic Health Records to identify patient population demographics and health burdens Use 211 Counts to identify baseline needs

FY 22 Community Health Needs Assessment Community Engagement Strategies



Beth Israel Lahey Health

Community Engagement Level	FY 22 Community Engagement Strategies with Additional Methods (written in blue)
Collaborate	<ul style="list-style-type: none"> Partnerships with the Community Care Alliance Community assessments overseen by the Community Benefits Committee and Community Advisory Committee (now Community Benefits Advisory Committee (CBAC)) Regional collaboration through Boston CHNA-CHIP Collaborative, the iCHNA, and BILH hospitals Collaborate with additional organizations to engage community residents Conduct outreach with the help of additional faith-based, educational, and civic organizations
Empower	<ul style="list-style-type: none"> CBAC used priorities identified from the community engagement to select BIDMC's health priorities and allocate resources Boston CHNA-CHIP Collaborative participants empowered through participation and in some cases facilitation Co-create plans to engage the community Collaborate on community meeting content and format
Community Driven/Led	<ul style="list-style-type: none"> Stipends Childcare activities Community meeting were hosted at local community-based organizations Host organizations were trained to facilitate breakout groups if interested Engage youth to conduct paid community outreach and strategy development

**March 23, 2021
Meeting Minutes**

Beth Israel Lahey Health 
Beth Israel Deaconess
Medical Center

**Community Benefits Advisory Committee (CBAC)
Meeting Minutes
Tuesday, March 23, 2021, 5:00 PM - 7:00 PM
Held Virtually Via Zoom**

Present: Flor Amaya, Walter Armstrong, Elizabeth (Liz) Browne, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Angie Liou, James Morton, Sandy Novack, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Trinieste Polk, Jane Powers, Richard Rouse, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

Absent: Lauren Gabovitch, Tina Chery

Guests: Carrie Jones, John Snow, Inc. (JSI), Coordinator; Alec McKinney, JSI, Senior Project Director; Research & Evaluation; Annie Rushman, Health Resources in Action (HRiA), Senior Associate

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and thanked them for joining.

Nancy introduced Flor Amaya, the Director of Public Health for the City of Chelsea, as a new member to the Community Benefits Advisory Committee (CBAC). Flor is replacing Luis Prado, who retired from his role at the City of Chelsea. Flor shared that she grew up in the City of Chelsea, is still a resident, and that she previously worked in clinical health and research settings. She shared that she was excited to join the CBAC.

Next, Nancy announced that Jerry Rubin decided to step down from his role on the CBAC. She thanked him for his commitment and dedication to the committee over the past two years.

The minutes from the December 15th CBAC meeting were reviewed and accepted.

Public Comment Period

There were no oral or written public comments shared during this meeting.

Community Benefits Program Update

Robert Torres, Director of Community Benefits, Boston Region, BILH provided an update on BIDMC's Community Benefits programming. Robert reviewed BIDMC's priority populations and Community Benefits Service Area (CBSA). Robert noted that following the community engagement related to the New Inpatient Building Community-based Health Initiative (CHI), families affected by incarceration was added as a priority population.

Robert then provided an overview of the Community Benefits regulatory reports that BIDMC files with the Massachusetts Attorney General's Office (AGO), Internal Revenue Service (IRS), City of Boston, and the Massachusetts Department of Public Health. These reports are designed to evaluate how hospitals conduct their Community Health Needs Assessment (CHNA) and how they effectively execute the hospital's Implementation Strategy (IS).

Robert explained that BIDMC updates the IS yearly and uses it as a blueprint for plans to accomplish the Community Benefits mission as it pertains to existing, changing, and emerging needs. He also shared that Health Resources in Action (HRiA), BIDMC's external evaluators, are working with CHI grantees on outcome measures; those metrics will also be added to the IS in the future.

Robert reviewed a breakdown of Community Benefits expenditures in Fiscal Year 2020, which totaled approximately \$31 million. The Community Benefits reporting guidelines from the Attorney General's Office allow for the inclusion of Health Safety Net payments and leveraged resources, increasing the reportable total of Community Benefits expenditures from about \$31 million to about \$53 million.

Community-based Health Initiative Update

Anna Spier, BIDMC Community Benefits Manager, provided an update on the CHI. Grantee agreements for all 16 Boston-based grantees have been fully executed and most initial payments have been disbursed. Additionally, HRiA has held two learning collaborative webinars, one on logic models and the other on shared outcome measures. In the upcoming months grantees will be finalizing their logic models and shared outcome measures. They will then sign Data Use Agreements with HRiA; first progress reports will be due to BIDMC in July.

Anna then shared that BIDMC released the Healthy Neighborhoods Initiative (HNI) Request for Proposals (RFP) in February. HNI proposals for the Bowdoin/Geneva and Fenway/Kenmore neighborhoods were due the week prior to the CBAC meeting. She presented the upcoming timeline and anticipates that projects will begin as early as September 2021.

Anna reminded everyone that they took a survey in January on their participation on the CBAC and their perspective of the CHI process. Survey results showed that across the board, CBAC members strongly agreed or agreed with statements about the NIB CHI, such as if the funded priorities reflected the most pressing needs of BIDMC's priority neighborhoods. Given the COVID-19 pandemic, BIDMC wanted to know how the virtual platform affected the CBAC's participation in meetings. Although the overall transition to a virtual platform was viewed positively, 20 percent of respondents said the virtual platform made it harder to share their opinions in meetings. Anna asked for suggestions on how to make members feel more comfortable sharing their opinions at CBAC meetings. Members suggested creating breakout groups, on-the-spot surveys, and continuing to use the chat function. Anna thanked the CBAC for sharing, and let them know they are welcome to email the Community Benefits team if they have other ideas for improvement.

FY22 Community Health Needs Assessment (CHNA)

Jamie Goldfarb, BIDMC Community Benefits Administrator, presented an update on the upcoming CHNA. Jamie shared that the CHNA is an opportunity to work with the CBAC, as outlined in their Charter, to engage the community to identify their leading and emerging health needs. She also explained that similar to years past, BIDMC will focus on reaching historically underserved populations, and those most impacted by COVID-19. To ensure BIDMC is reaching these populations they will collaborate with community-based organizations, grassroots organizations, residents, and others as appropriate.

This year all ten BILH hospitals will conduct their CHNAs at the same time, with a focus on broad system and community impact. This will provide an opportunity to identify the unique attributes of the communities each BILH hospital serves, as well as commonalities.

Next, Jamie reviewed the traditional CHNA process. She noted that this year BILH is releasing a RFP to identify a consultant to assist with this assessment.

Anna then facilitated a discussion on ways BIDMC can engage populations that have not previously been involved in the CHNA. CBAC members recommended creating new partnerships, focusing on work sectors in addition to demographics, and making sure to be inclusive of different living situations (e.g. elders living independently and those living in nursing homes). Many members felt the need to focus on both youth and elders. One member spoke about the challenges that youth are facing as they begin to return to school, while another spoke about elder isolation. Another member expressed the need to reach individuals who do not have access to social services. They offered the example, individuals who live in public housing have access to resident services staff who can support residents in utilizing community resources, but many community members lack access to this level of support. One member expressed concerns about collecting more information about community needs due to the burden it may place on residents and due to other community engagement efforts undertaken during the COVID-19 pandemic. Nancy agreed and explained that BILH would like to focus this CHNA on the prioritization stage of the CHNA process, and less on data collection. Anna thanked the CBAC for the fruitful discussion.

Beth Israel Lahey Health Updates

Nancy provided an update about a recent investment in a Gateway Municipality (GwM). She explained that a GwM in the Commonwealth is a community with a population greater than 35,000 and less than 250,000, a median household income below the Commonwealth's average (\$77,378), and a rate of educational attainment of a bachelor's degree or above that is below the Commonwealth's average (42.9%). There are 26 GwMs in the Commonwealth. Nancy shared that BILH identified the City of Chelsea as one of the GwMs they would fund. The City of Chelsea identified housing stability and food security as their top priorities. As a result, BILH recently announced a \$600,000 award for the Chelsea Legal Aid Bureau and Chelsea Eats. Chelsea Legal Aid Bureau will provide legal services and representation to Chelsea residents, regardless of their income, immigration, or citizenship status, who are facing eviction and landlord disputes. Chelsea Eats is an innovative pilot program launched by the City of Chelsea in October 2020 that provides residents with monthly debit cards. Since this program launched in October, more than 4,000 Chelsea residents have applied for a Chelsea Eats card for assistance purchasing food and other essential items.

Nancy then provided an update regarding the COVID-19 vaccine rollout at BILH. To date, BILH opened ten vaccine clinics throughout Massachusetts and is currently administering between ten and fourteen thousand vaccines per week. BILH set up a COVID-19 Health Equity Advisory Group to ensure they are intentional about outreaching to populations and areas most impacted by the virus. Nancy explained that BILH has staggered vaccine announcements geographically to allow populations who were more impacted by COVID-19 additional time to respond and book an appointment. The BILH vaccine effort is limited to BILH patients and patients of affiliated Community Health Centers, but all Federally Qualified Health Centers are now receiving allocations of vaccines.

Adjourn

Anna reminded the CBAC to send in their Conflict of Interest forms if they had not already. She thanked the attendees for joining the meeting and reminded everyone that the next scheduled meeting is June 22, 2021 from 5-7 pm.

Beth Israel Deaconess Medical Center New Inpatient Building
Determination of Need
Community-based Health Initiative
2019-2020 Community Engagement Evaluation Report
Executive Summary

March 2021

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center



Health Resources in Action
Advancing Public Health and Medical Research

EXECUTIVE SUMMARY

Overview of BIDMC CHI and Community Engagement Process

In 2019, Beth Israel Deaconess Medical Center (BIDMC) launched a Community-based Health Initiative (CHI) as part of the construction process of a new inpatient building. The CHI will award funding and resources to address important community health needs, resulting in the investment of approximately \$18 million over six years (the CHI investment). It is a multi-phase process informed and driven by the community BIDMC serves:

- Phase 1 (2019) – Identify community health priorities
- Phase 2 (2020) – Develop a funding strategy
- Phase 3 (2021-2026) – Plan and implement the local grant-making initiatives in support of the health priorities and funding strategies.

This CHI investment is guided by a transparent local grant-making process that maximizes community engagement to identify key health priorities and achieve evidence-informed/based outcomes. BIDMC contracted Health Resources in Action (HRIA), a non-profit public health organization in Boston, to conduct a robust evaluation of that process. This executive summary presents key findings from the Phase 1 and 2 community engagement evaluations.

Community Engagement Process

During Phase 1, BIDMC formed an Advisory Committee, now known as the Community Benefits Advisory Committee or CBAC, comprised of 20 leaders and local residents that met seven times throughout 2019 to inform and guide the CHI process.¹ Throughout this document, the CBAC will be referred to as the Advisory Committee. Meetings were open to the public and had dedicated time for public comment. BIDMC chose to concentrate the CHI on the neighborhoods and populations that face the greatest health inequities within BIDMC's Community Benefits Service Area (CBSA):

- BIDMC's CBSA is comprised of the city of Chelsea and the six Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury. In light of Chelsea's participation in the North Suffolk Integrated Community Health Needs Assessment and the significant collaborative efforts already underway, BIDMC will work directly with the Chelsea Department of Health and Human Services, city administrators, and other stakeholders to invest CHI funds in the City of Chelsea.
- BIDMC's priority populations include low resource families, racially/ethnically diverse communities, families affected by incarceration, youth, older adults, and the lesbian, gay, bisexual, transgender and queer (LGBTQ) population.

Over 250 stakeholders were engaged to identify community health priorities during Phase 1 of the CHI process. In addition to Advisory Committee meetings, five community meetings were held in 2019 to engage residents across the six Boston neighborhoods in BIDMC's CBSA; approximately 185 residents and staff from community-based organizations from these neighborhoods attended the community meetings over the course of the year. BIDMC's process to identify community health priorities was also informed by key results from the [Boston CHNA-CHIP Collaborative's citywide assessment](#) and the [North](#)

¹ In January 2020, the Community Advisory Committee became the Community Benefits Advisory Committee. This change expanded the scope of the committee to include a broader range of community benefits activities including reviewing the Community Health Needs Assessment, Implementation Strategy, Community Benefits mission statement, and regulatory reports, in addition to their work informing and guiding the CHI.

[Suffolk Integrated Community Health Needs Assessment](#). Ultimately, the Advisory Committee recommended four priority areas with the following overall funding percentages: **Housing Affordability (40%), Jobs and Financial Security (30%), Behavioral Health (15%), and Healthy Neighborhoods (15%)**. BIDMC accepted all Advisory Committee recommendations.

During Phase 2, BIDMC built upon Phase 1 by engaging their Advisory Committee and an Allocation Committee to develop a funding strategy for the four priority areas identified in Phase 1. The Advisory Committee met five times throughout 2020. Similar to practices in Phase 1, each Advisory Committee meeting was open to the public and included dedicated time for public comment. The Allocation Committee was formed to assist BIDMC with a public and competitive funding award process and met eight times throughout the course of the year. Across both phases, BIDMC committed to sharing information through frequent updates to their website and in Phase 2 publishing an e-newsletter with information about their CHI. A summary of the first issue of the newsletter was also translated into seven languages. These communication methods were used to inform residents about community meetings in Phase 1 and the request for proposals (RFP) in Phase 2.

COVID-19 Pandemic

It is important to note that COVID-19 impacted Phase 2 early on. Beyond the Advisory and Allocation Committee meetings being moved to virtual platforms, the timeline for launching the RFP was delayed. The RFP was originally set to be released in April 2020 and was ultimately released in August 2020. In the interim period the Advisory Committee assessed whether the immediate impacts from COVID-19 should alter the funding strategy. The Advisory Committee ultimately decided the priority areas for funding remained relevant and distributing funds to the community was urgent.

Evaluation Approach

BIDMC partnered with HRiA to conduct an evaluation of the community engagement process in Phases 1 and 2. The aim of this evaluation is to provide a detailed portrait of the process, including reach of dissemination efforts and use of community feedback to align funding strategy with identified needs. The following evaluation aims were identified for the community engagement process:

- Aim 1.* To what extent did BIDMC build awareness of the CHI among stakeholders through a transparent and inclusive process?
- Aim 2.* To what extent did BIDMC engage stakeholders in the CHI through a transparent and inclusive process?
- Aim 3.* To what extent did BIDMC incorporate community feedback into the CHI through a transparent and inclusive process?

Evaluation Methods

To understand the extent to which these aims were achieved a number of evaluation methods were used during Phases 1 and 2 of the community engagement process, which are summarized below.

- **Tracking of BIDMC's activities (Phases 1 and 2).** HRiA worked closely with BIDMC to gather tracking data to assess transparency, community outreach and attendance, and meeting logistics. Documentation included attendance at Advisory Committee meetings, public comments received, and website metrics related to the reach of BIDMC's website and newsletters.
- **Community meeting participant survey (Phase 1).** A voluntary survey was distributed to all participants at the conclusion of each community meeting to assess perceived successes and challenges of the engagement process. The survey was also used to gather information on how participants heard about the meeting, perceptions of the meeting, and demographics of

community meeting participants. Across the five community meetings, there was a 77% response rate (N= 142) to the survey.

- **Advisory Committee survey (Phases 1 and 2).** To assess perceptions of the community engagement process as well as experiences of participating in the Advisory Committee, a brief survey was developed and self-administered. The Phase 1 survey was distributed in person at the September 2019 Advisory Committee meeting and 18 members completed the survey. HRiA modified and tailored questions from the 2019 survey to reflect the 2020 community engagement process. The updated survey was self-administered online during the December 2020 Advisory Committee meeting; 15 Advisory Committee members completed the survey.
- **Allocation Committee Member Interviews (Phase 2).** To better understand perspectives of Allocation Committee members involved in the funding strategy process, all 12 members of the committee were interviewed. Discussions with Allocation Committee members focused on their role overseeing the competitive process for awarding funds, including: (i) making recommendations for funding based on the health priority areas, sub-priorities, and allocation amounts identified and agreed upon by the Advisory Committee, (ii) working with BIDMC staff to develop and advise the RFP process, and (iii) selecting grantees. Interviews were conducted via Zoom or by phone using a semi-structured interview guide and lasted approximately 30-45 minutes each.

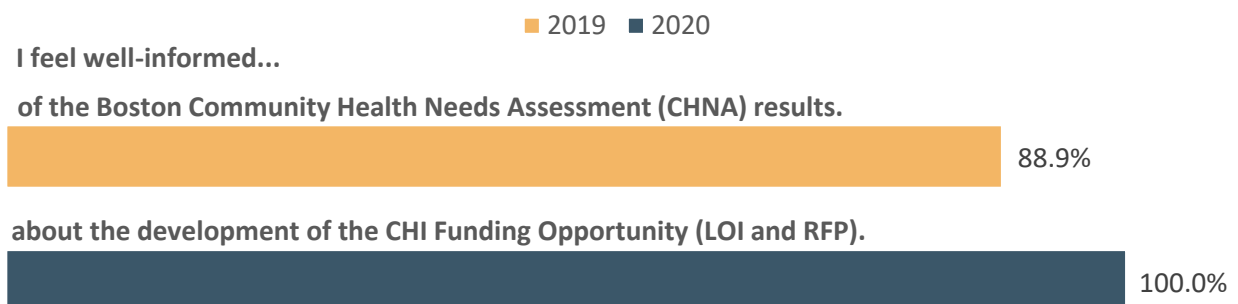
Summary of Key Findings

The key themes below emerged from the Phase 1 and 2 evaluation and are presented by evaluation aim.

Aim 1: To what extent did BIDMC build awareness of the CHI among stakeholders through a transparent and inclusive process?

Evaluation findings from Phases 1 and 2 show that Advisory Committee members perceived that the open meeting format led to a more transparent process. In both 2019 and 2020, 100% of Advisory Committee members surveyed strongly agreed or agreed that having Advisory Committee meetings open to the public increases transparency of the process. Findings from Phase 1 and 2 also show a high awareness of the CHI among stakeholders. In 2019, about 89% of Advisory Committee survey respondents reported being well-informed of the Boston Community Health Needs Assessment (CHNA) results—a citywide assessment that informed BIDMC’s process. In 2020, 100% of Advisory Committee survey respondents also reported feeling well-informed about the development of the CHI funding opportunity.

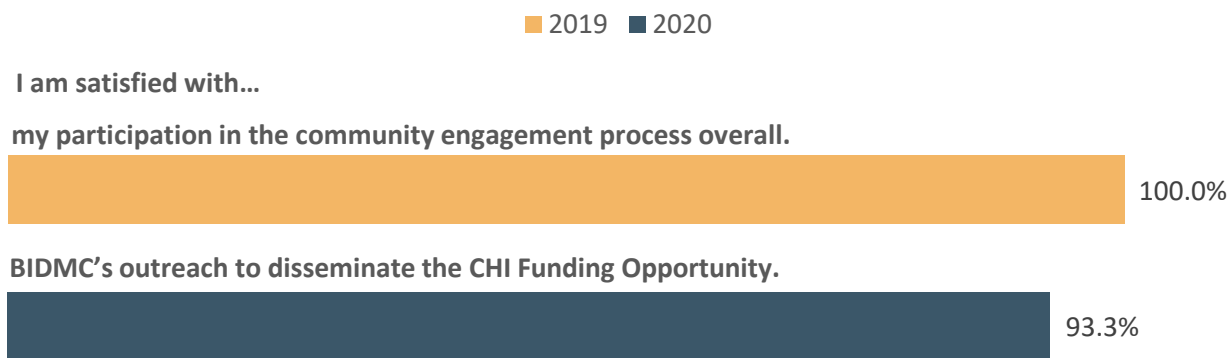
Figure 1. Advisory Committee Members Who Strongly Agreed or Agreed with Statements about Community Engagement and Prioritization Process and CHI Funding Opportunity



Data Source: Beth Israel Deaconess Medical Center Community Advisory Committee (CAC) Meeting Survey 2019 and Community Benefits Advisory Committee (CBAC) Member Survey 2020

In Phase 2 of the project, BIDMC used multiple avenues to increase awareness of the CHI based on suggestions identified in Phase 1 including continuing to hold open Advisory Committee meetings virtually. BIDMC also regularly updated their website with Advisory Committee agendas, minutes, and RFP information. Phase 1 of the project saw substantial gains in traffic to the BIDMC website, and this trend continued in 2020. The highest website traffic was in August 2020 when the RFP was released with almost 2,000 unique pageviews. Outreach to the community was primarily comprised of e-newsletters which were sent four times throughout 2020. Online metrics show that the number of delivered e-mails improved each time with an increase of 47% from the March to December e-newsletter. Findings from Phase 1 and 2 surveys show a high level of reported satisfaction among Advisory Committee members with outreach efforts in 2019 and 2020. All Advisory Committee survey respondents (100%) reported a strong level of satisfaction with their participation in the community engagement process in 2019. Similarly, over 90% of Advisory Committee members surveyed (93%) reported satisfaction with BIDMC’s outreach to disseminate the funding opportunity in 2020.

Figure 2. Advisory Committee Members Who Strongly Agreed or Agreed with Statements about Satisfaction with Community Engagement Process and Outreach to Disseminate CHI Funding Opportunity



Data Source: Beth Israel Deaconess Medical Center Community Advisory Committee Meeting Survey 2019 and Community Benefits Advisory Committee (CBAC) Member Survey 2020

“Very pleased with thoughtful and comprehensive outreach.”

–Advisory Committee Member, 2019

Aim 2: To what extent did BIDMC engage stakeholders in the CHI through a transparent and inclusive process?

Outreach was conducted to 173 organizations as part of the Phase 1 process; there was robust participation in community meetings from underrepresented groups including youth under 24 (16%), non-White community residents (38% Asian; 21% Black or African American), and from linguistically diverse residents (18% Simplified Chinese or Mandarin, 6% Cape Verdean Creole, 6% Vietnamese, 4% Russian, 4% Spanish, 1% Portuguese, and 1% Traditional Chinese or Cantonese). Across all community meetings, participants indicated positive perceptions of their experience. Nearly all survey respondents (98%) agreed or strongly agreed the meeting was a good use of their time and expressed interest in participating in similar meetings in the future.

During Phase 2, stakeholders were primarily engaged in the CHI via a 23-member Advisory Committee and 12-member Allocation Committee. The practice of holding dedicated time for public comment at

each Advisory Committee meeting continued throughout 2020; six members of the public attended virtual meetings, one oral public comment and no written public comments were submitted.

In 2020, following the release of the RFP, BIDMC hosted an RFP information session that engaged 163 registrants from 116 organizations. Of the 95 Letter of Intent (LOI) applicants who applied to the funding opportunity, 38 advanced to the full proposal stage (one invited organization did not submit a full proposal), and 16 grantees were funded across all priority areas and neighborhoods. The Allocation Committee members brought important perspectives to the review and decision-making process. Interview participants were generally satisfied with their involvement, though some members observed that less experienced members may have participated less due to their lack of comfort with the content and lack of experience participating on a committee.

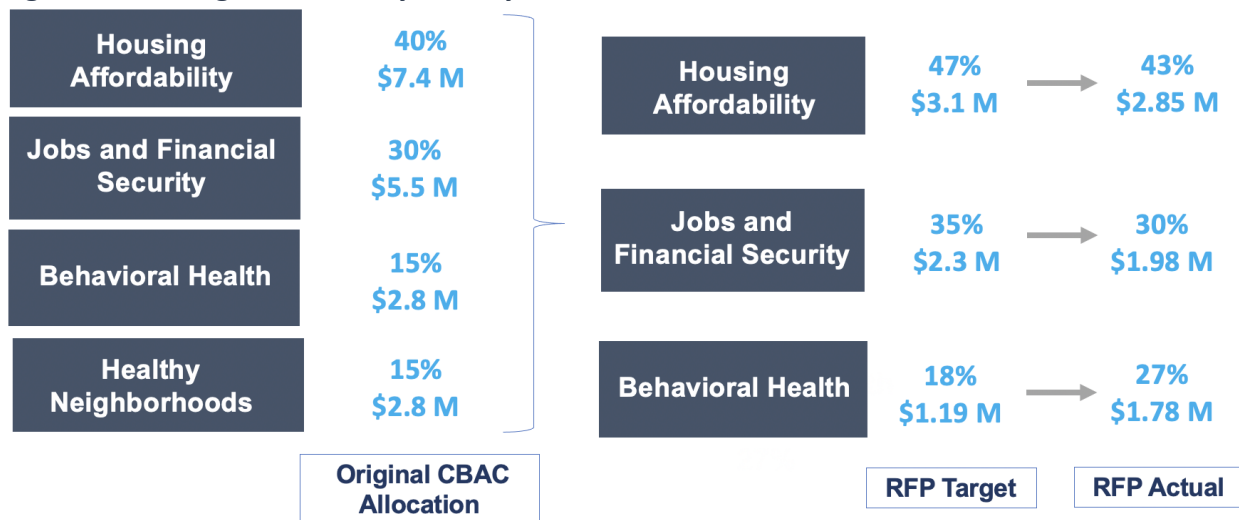
“I like that people respected opinions. Everyone brought in their own expertise.”

– Allocation Committee Member, 2020

Aim 3: To what extent did BIDMC incorporate community feedback into the CHI through a transparent and inclusive process?

Ultimately, during Phase 2, the Allocation Committee funded 16 community-based organizations to address the priority areas identified through the robust Phase 1 community engagement process: Housing Affordability, Jobs and Financial Security, Behavioral Health. As seen in Figure 3, the funding allocation by priority area largely aligned with the Advisory Committee recommendations. Funding for the Healthy Neighborhoods priority area will be distributed through a separate process starting in 2021.

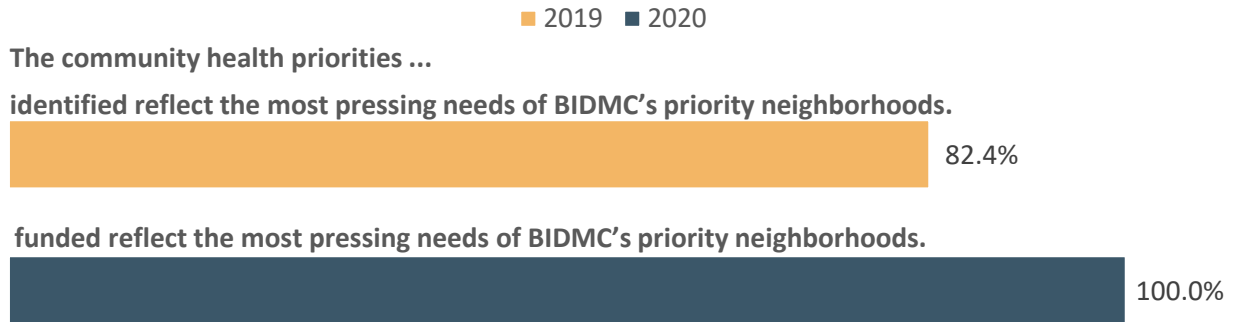
Figure 3. Funding Allocation by Priority Area



All Advisory Committee members surveyed (100%) strongly agreed or agreed the funding opportunity remained responsive to community needs in light of COVID-19. During interviews, Allocation Committee members commended the effective meeting facilitation and perceived the process to be thoughtful and inclusive. However, opportunities were identified to improve committee member participation moving forward, such as providing additional background information to better

orient members, increasing transparency of the LOI stage, clarifying member expectations around the review process, and the use and impact of scoring criteria.

Figure 4. Advisory Committee Members Who Strongly Agreed or Agreed with Statements about Community Engagement and Prioritization Process and CHI Funding Opportunity



Data Source: Beth Israel Deaconess Medical Center Community Advisory Committee (CAC) Meeting Survey 2019 and Community Benefits Advisory Committee (CBAC) Member Survey 2020

Conclusions

Overall, BIDMC's community engagement process in Phases 1 and 2 achieved the aims of building awareness, engaging stakeholders, and incorporating community feedback. The Phase 1 and 2 evaluations also identified opportunities for BIDMC to increase community engagement of priority populations moving forward and better prepare Allocation Committee members for their roles and responsibilities in future funding initiatives.